

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American College of Surgeons Professional Association PAC**

**A. Patrick Vance Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 E Roosevelt St  
 Mihs Department of Surgery  
 City Phoenix State AZ Zip Code 85008-4973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self Employed  
 Occupation: Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 26 / 2012**  
**Transaction ID : 4D95B30E6DF897052477**  
 Amount of Each Receipt this Period  
**250.00**

**B. Erica Victoria Bloomquist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Rockford Ct  
 City Jacksonville State NC Zip Code 28540-4151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Lea Regional Medical Center  
 Occupation: Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 17 / 2012**  
**Transaction ID : CB28083BA2CF037F0AC**  
 Amount of Each Receipt this Period  
**250.00**

**C. R. Phillip Burns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 979 E 3rd St  
 Ste 401  
 City Chattanooga State TN Zip Code 37403-2139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self Employed  
 Occupation: Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 17 / 2012**  
**Transaction ID : 9B09A7C2100024BEC4E**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	